Unified Carrier Registration – Year 2007
Idaho Transportation Department Commercial Vehicle Services – Motor Carrier PO Box 7129 Boise ID 83707-1129 Phone: 208-334-8611; Fax: 208-334-2006



Register online at: www.ucr.in.gov

SECTION 1. GENERAL INFORMATION									
USDOT Number MC or MX Number FF Number		Telephone N		umber			Fax Number		
Legal Name E-Mail Address									
Doing Business Under the Following Name (DBA)									
Principal Place of Business Street Address (See Instructions)									
Principal Business City	Principal Business Sta	cipal Business State					Zip Code		
Mailing Street Address									
Mailing City Mailing State Mailing Zip Code									
Mailing City			Mailing State					Maning Zip Code	
SECTION 2. CLASSIFICATION – Check All That Apply									
☐ Motor Carrier	☐ Motor Priv	vate Carrier		ker		easing	Company	Fr Fr	eight Forwarder
SECTION 3. FEES DUE-BROKERS, FREIGHT FORWARDERS AND LEASING COMPANIES ONLY									
Note: If your company is also a motor carrier or motor private carrier, skip this section and go to section 4.									
Brokers, freight forwarders and leasing companies (not a motor carrier combination), please submit the amount due of									
\$ 39.00 by check payable to "State of Idaho," or credit card (MasterCard or VISA) and go to Section 7. (Provide cardholder name,									
card number, and expiration date on a separate sheet.) SECTION 4. NO. OF MOTOR VEHICLES – MOTOR CARRIER & MOTOR PRIVATE CARRIER									
Check only one box:									
The number of vehicles shown below have been taken from section 26 of your last reported MCS-150 form.									
The number of vehicles shown below have been taken from section 20 of your last reported Mess-130 form. The number of vehicles shown below is the total number owned and operated for the 12-month period ending June 30.									
NUMBER OF STRAIGHT TRUCKS NUMBER OF STRAIGHT TRUCKS NUMBER OF MOTOR COACHES, NUMBER OF MOTOR COACHES,									
AND TRACT		NUMBER OF TRAILERS				SCHOOL BUSES, MINI-BUSES, VA			TOTAL
(COLUMN	(A)	(COLUMN B)				AND LIMOUSINES (COLUMN C)			(COLUMN D)
						(, -,			
1. (Optional) Under this program you may <u>delete</u> any vehicles in Column A or B above that you have reported on your MCS									
150 form that are used only in intrastate commerce. (See instructions.)									
2. (Optional) You may <u>add</u> vehicles that (a) <u>have not been shown</u> on the MCS 150 form that are defined as commercial									
motor vehicles operating solely in intrastate commerce; and/or (b) other self-propelled motor vehicles operating in									
intrastate or interstate commerce that:									
 Have a gross vehicle weight rating or gross vehicle weight of 10,000 lbs or less, or a passenger capacity of 10 or less, including the driver; 									
Are used on the highways in commerce; and To transport passangers or property for compansation. (See instructions for definition of commercial mater value).									
■ To transport passengers or property for compensation. (See instructions for definition of commercial motor vehicle)									
3. Total Number of Vehicles (TOTAL (COLUMN D) minus LINE 1 plus LINE 2)									
SECTION 5. FEE T.					_			1	<u> </u>
Number of Vehicles	Amount Due		r of Vehicles	Amoun			Number of Veh	icles	Amount Due
0-2	\$39.00		6-20	\$231.	.00		101-1000		\$3,840.00
							1001 or more	e	\$37,500.00
SECTION 6. FEES 1							1 . 11 1	1	
Using the number of vehicles in Section 4, Line 3 above, enter the Amount Due from the table above. Payment can be made by check, payable to "State of Idaho", or credit card (MasterCard or VISA). Provide cardholder name, card number, and									
expiration date on a separate sheet. SECTION 7. CERTIFICATION									
I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file									
this document on behalf of the applicant. (Penalty provisions subject to the laws of the registration state.) Name of Owner or Authorized Representative (Printed) Date									
Name of Owner or Authorized Repre	sentative (Printed)								Date
Signature					I	Title			